

RENEWAL APPLICATION FOR CITY OF AUBURN MASSAGE TECHNICIAN
AUBURN MUNICIPAL CODE SECTION 112.01 THROUGH 112.57

Applicant's Full Name_____

Applicant's Residence Address_____

Name of Establishment where applicant is to be employed_____

Address of Establishment_____Telephone_____

Establishment Owner's Name (s)_____

Have you been arrested for anything other than a traffic citation within the past 12 months?
YES_____ NO_____

Has there been any address or ownership change to the Business License Application?
YES_____ NO_____

If "YES", please
explain_____

APPLICANT MUST PROVIDE THE FOLLOWING:

Certificate from a medical doctor stating that you have within thirty (30) days immediately prior to filing this application has been examined and found to be free of any contagious and communicable disease.

\$50.00 Non-refundable Investigation Fee.

I DECLARE OF MY OWN PERSONAL KNOWLEDGE I HAVE NOT MADE ANY FALSE, MISLEADING, OR FRAUDULENT STATEMENT OF FACTS IN THIS PERMIT APPLICATION OR IN ANY OTHER DOCUMENT REQUIRED BY THE CITY IN CONJUNCTION THEREWITH

Dated_____ Applicant's Signature_____

FOR OFFICE USE ONLY

POLICE DEPT_____

\$ 50.00 RENEWAL_____

Date_____